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INSTRUCTIONS
TO
EXAMINING SURGEONS FOR PENSIONS

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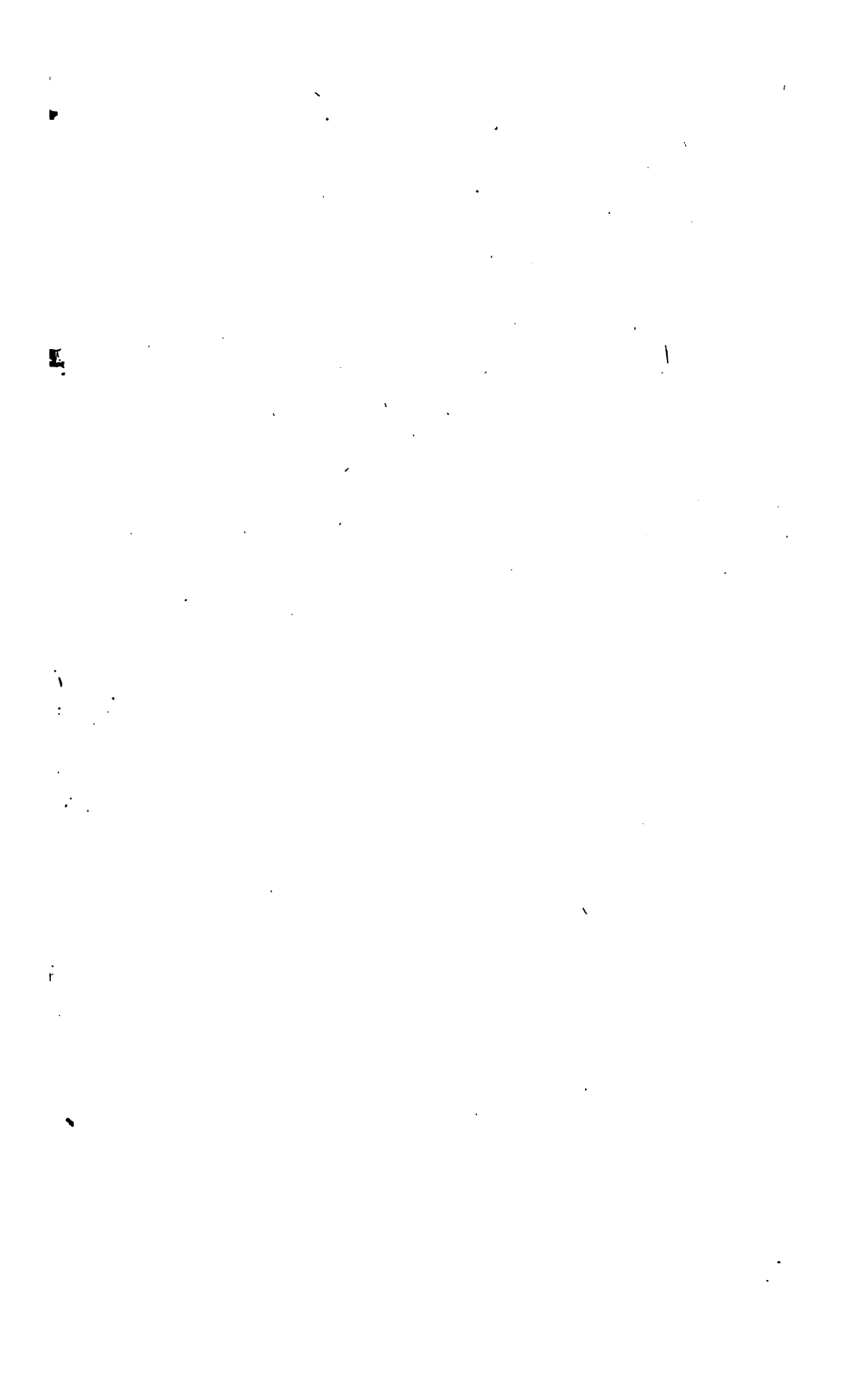
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U. S. Pension Bureau

INSTRUCTIONS

TO

EXAMINING SURGEONS FOR PENSIONS.

1884.

N. B.—THE OBJECT IN ISSUING THIS BOOK IS TO SO INSTRUCT THE EXAMINING SURGEONS THAT THEY SHALL BE ABLE TO INTELLIGENTLY AND SATISFACTORILY PERFORM THEIR DUTIES. IT SHOULD, THEREFORE, BE THOROUGHLY STUDIED, AND THEN *CAREFULLY PRESERVED* FOR REFERENCE.

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INSTRUCTIONS TO EXAMINING SURGEONS.

DEPARTMENT OF THE INTERIOR, PENSION OFFICE,
August 1, 1884.

The duty of an examining surgeon is to examine applicants for (original) pension, applicants for increase of pension, applicants for restoration or renewal of pension, applicants claiming as invalid dependent fathers, and such pensioners as the Commissioner may from time to time direct to be examined for the purpose of determining the rating to which their disability entitles them.

Since the repeal of the law which required the biennial examination of pensioners, the surgeon can make *no examination* without the Commissioner's order.

In making the report of an examination to this office the surgeon will use the blank appropriated to each class of claimants, as follows:

FORM No. 1, *to be used in certifying the examination of an original applicant.*

ORIGINAL.

Claim No. _____.

Name of the claimant, _____; rank, _____; company, _____; regiment
_____; post-office address, _____.

Address of the surgeon: Post-office, _____; County, _____; State, _____.

Date of examination, _____.

I certify that in compliance with the requirements of the law*, I have carefully examined this applicant, who claims that while in the service of the United States at or near a place named _____, and while in line of duty on or about the _____ day of _____, 18—, he incurred _____

and that in consequence thereof he is _____ disabled from earning his subsistence by manual labor.

Cause of disability.

Degree of disability.

His pulse-rate is _____ per minute; his respiration _____; his temperature _____; his height is _____ feet and _____ inches; he weighs _____ pounds; and states that he is _____ years of age.

* See the back.

Subjective symptoms.

Touching the cause and degree of the disability for which he claims a pension, he makes the following statement:

Here give the statement of the claimant fully, but compactly as possible.

Objective symptoms.

The examination reveals the following objective facts in support of his statements:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Here give rating for each cause of disability and state the aggregate.

From the existing condition and the history of this claimant, it is in my judgment ——— probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is in my opinion entitled to a ——— rating for the disability caused by ———; ——— for that caused by ———, and ——— for that caused by ———, the sum of which aggregates ———.

_____,
Examining Surgeon.

FORM NO. 2, to be used in certifying the examination of an applicant for increase of pension.

INCREASE OF PENSION.

Claim No. ———.

Name of claimant, ———; rank, ———; company, ———; regiment, ———; post-office address, ———.

Address of the board: Post-office, ———; County, ———; State, ———.

Date of examination, ——— 188—.

Degree now paid and for what disability.

Reasons for claiming increase and degree claimed.

I certify that, in compliance with the requirements of the law,* I have carefully examined this applicant, who states that he is now pensioned at a ——— disability on account of ———, and that he claims an increased rating for the reason that ———; and that he is now disabled to ——— degree for earning his subsistence by manual labor.

His pulse-rate per minute is ———; his respiration ———; his temperature ———; his height is ——— feet and ——— inches; he weighs ——— pounds, and he states that he is ——— years of age.

Subjective symptoms.

Here give the claimant's statement of his reasons for claiming an increased rating as fully and compactly as possible.

Touching his disability and his reasons for asking an increase of pension he makes the following statement:

*See the back.

Objective symptoms.

Upon examining this applicant I find the following objective conditions, which, in my judgment, do ——— entitle him to an increased rating:

Here give a full description of the conditions by which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.

From the existing condition and the history of the claimant, it is, in my judgment ——— probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in my opinion, entitled to a ——— rating for the disability caused by ———; ——— for that caused by ———, and ——— aggregate. Rate for each cause of disability and state the aggregate.

caused by ———, the sum of which aggregates ———.

Examining Surgeon.

FORM No 3, to be used in certifying the examination of an applicant for restoration or renewal of pension.

RESTORATION OR RENEWAL.

Claim No. ———.

Name of claimant, ———; rank, ———; company, ———; regiment, ———; post-office address, ———.

Address of surgeon: Post-office, ———; County, ———; State, ———.

Date of examination, ———, 188—.

I certify that, in compliance with the requirements of the law, I have carefully examined this applicant, who states that he was formerly pensioned at a ——— rating for disability caused by ———, and that he is still ——— disabled for earning his subsistence by manual labor.

His pulse-rate per minute is ———; his respiration, ———; his temperature, ———; his height is ——— feet and ——— inches; he weighs ——— pounds, and states that he is ——— years of age.

Subjective symptoms.

Touching his disability and his reasons for asking restoration (or renewal) of pension he makes the following statements:

Here give the claimant's statement of his reasons for claiming restoration as clearly, fully, and compactly as possible.

Objective symptoms.

Here give a full description of the conditions by which the claimant is now disabled, and, so far as practicable, compare the existing conditions with those for which pension was originally allowed.

Here rate each cause of disability and state the aggregate.

Upon examining this applicant I find the following objective conditions in support of the claim that he is still disabled:

From the conditions which I now find, and from the history of the claimant, it is, in my judgment, — true that he is disabled by the same causes for which he was originally pensioned, and that his disability has not been aggravated or prolonged by vicious habits. He is, in my judgment, entitled to restoration, and I recommend a — rating for —; — for —, and — for —, the sum of which aggregates a — rating —.

_____,
Examining Surgeon.

Surgeon's certificate of examination in case of dependent relative.

Here present a full and explicit statement as to the nature of the disability and the particular manner and degree in which it has interfered with his procuring a subsistence from prior to the son's enlistment and death to the present date, giving his occupation and approximate age. If the facts are not within your personal knowledge please to so state, and give your best judgment as to the probable duration and extent of the disability.

Claim No. _____.

STATE: _____, COUNTY: _____,

POST-OFFICE: _____, 187 .

I hereby certify that I have carefully examined —, who claims pension as the dependent — of —, who is alleged to have died —, and in my opinion (based on such examination and a personal acquaintance with him for — years) the said — is and has been physically incapacitated for the support of himself and family; the nature, degree, and duration of his disability being as follows:

_____,
Examining Surgeon.

The attention of the surgeons is invited to the changes in the form of the blank certificates. It is hoped that, since the blank itself, as it is changed, suggests to the surgeon or Board precisely what points are to be observed and what facts should be certified to, much of the uncertainty hitherto existing will be obviated.

The salient points to be kept in view during examinations are these:

1. What disability, if any, actually exists?
2. If a disability exists, in what degree does it disable the applicant from subsisting by manual labor?

3. What are the reasonable probabilities of the disability having resulted from service in the military or naval service of the United States, judging from the history given?

The surgeon must not understand from this that it is his duty to determine the whole question of origin of the disability, but that when it is clear from the nature and degree of the disability it could not have originated in the service, he should not fail to certify that opinion.

4. How far do the habits of the applicant seem to affect his disability, both as regards its origin and continuance?

5. What is the probable duration of the disability in the degree now existing?

6. Keeping in mind the purpose of the examination (that is, to determine the existence or not of the disability or disabilities alleged by the applicant and the probability that it (or they) was incurred in the service), whatever is relevant as affording information to aid the office to reach an intelligent and just opinion and to fix a just rating should be included. Everything irrelevant should be excluded.

In every case the applicant should be patiently and fully heard in regard to why it is and how it is he claims to be disabled, yet justice requires that no rate of pension shall be recommended on any mere statement of physical disqualification, unsustained by the existence of such structural changes or pathological conditions as are known to accompany the particular form of injury or disease complained of.

As a guide in determining and certifying the degree of disability the following rules are prescribed:

(1.) All claimants who are permanently disabled to such a degree as "to require regular aid and attendance of another person" are entitled to a *first grade* rating.

(2.) All claimants who are "disabled for the performance of any manual labor" are entitled to a *second grade* rating.

(3.) All who are disabled in a degree "equivalent to the loss of a hand or a foot" are entitled to a *third grade* rating.

(4.) The loss of a hand; the loss of a foot; the loss of both hands; the loss of both feet; the loss of an arm at or above the elbow; the loss of a leg at or above the knee; the loss of the sight of both eyes; the loss of the sight of one eye, the sight of the other having been lost before enlistment; the loss of a hand and a foot; the loss of a leg by amputation at the hip joint, and the loss of the hearing of both ears, are known as "permanent specific" disabilities, because each one is specified in the law itself, and the rating for each fixed, leaving nothing at the discretion of the Commissioner. All, then, that is necessary is to certify the fact in each case, to enable the office to apply the law. It were better, however, in case of loss of the sight of both eyes and of the hearing of both ears, that

the diseased conditions resulting in such state be certified so far as practicable in each respective case.

(5.) "Total disability of one hand and one foot" is also a permanent specific disability, the rating for which is fixed by law; but inasmuch as such a condition might result from a variety of causes, it is obvious that it is not only essential to certify the existence of disability in that degree, but to state the conditions by which it is caused.

(6.) The money value of the third grade being less than the "total" fixed by the law for the grades of rank of major, lieutenant-colonel, brigadier-general, and major-general, it is obvious that that grade cannot apply to either of those grades of rank. With those exceptions the three pension grades apply to all the grades of military rank.

(7.) The type of a "total" disability (that degree which entitles the subject of it to the amount fixed by law as the "total" of his rank) is ankylosis of the wrist or ankle. A claimant disabled by ankylosis of a wrist or ankle, or who is disabled to an equivalent degree by any cause, is therefore entitled to the total of his rank.

(8.) All disabilities which cause a *less* degree of disability than that resulting from ankylosis of the wrist or ankle should be determined by comparison with ankylosis of the wrist or ankle, and stated by fractions of total, as $\frac{1}{8}$, $\frac{1}{4}$, $\frac{3}{8}$, $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, or $\frac{7}{8}$ of total.

(9.) The third grade is the only one susceptible of subdivision.

(10.) All disabilities which cause a *greater* degree of disability than that resulting from ankylosis of the wrist or ankle, but *less* than that caused by the loss of a hand or foot, should be determined by comparison with the degree caused by the loss of a hand or foot, and stated by fractional divisions of the third grade, and (for reasons it is not necessary to state) 18 should always be used as the denominator. A disability then greater than "total," but less than third grade, should be rated at $\frac{1}{18}$, $\frac{1}{9}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{4}$, $\frac{1}{3}$, $\frac{2}{9}$, $\frac{1}{2}$, or $\frac{5}{9}$, of third grade, as the degree in each case shall determine.

It will be observed that there is no direction to express the estimate of the disability in any case in dollars and cents, that is to say, to rate in money. It is the province of the examining surgeons to determine the degree of disability without any regard to the money value of the rating, and hence they should carefully exclude all idea of money in determining the degree of disability in every case.

It should be the purpose of every surgeon to determine the degree of disability and to state it, in compliance with the directions herein laid down. The law prescribes the amount of money any pensioner shall be paid.

The rating in some cases is fixed by the practice of the office, as, for instance, ankylosis of the elbow or of the knee is rated at $\frac{1}{9}$ of third grade; loss of the sight of one eye is rated at "total"; a single uncomplicated

hernia in which the sac is capable of repression by the pad of a properly constructed truss is rated at "total"; and a double hernia of same character at $\frac{1}{2}$ of third grade.

Yet in none of these cases is the rating absolute, for it may be increased by a variety of causes according to the degree of disability produced in each case.

The results of operations in the carpus or tarsus, and in the metacarpus or metatarsus, should be estimated in accordance with the degree of utility of the remaining structures for the purposes of manual labor. No absolute rules are practicable. Chopart's operation, when the best results have been obtained, is rated at $\frac{1}{4}$ of third grade, and Pirigoff's modification of Symes's operation at $\frac{1}{8}$ of third grade. An unsuccessful operation attended by bad results might in either of these cases cause a disability equivalent to the loss of the foot and so entitle the subject of it to third grade.

The office recognizing the following degrees of impairment of the hearing and providing a specific rating for each, the existence of each should be set forth *in terms*: Total deafness; total or nearly total deafness of one ear; slight deafness of both ears; total or severe deafness of one ear and slight of the other; severe deafness of both ears; total deafness of one ear and severe deafness of the other; and deafness of both ears in nearly total degree.

The Commissioner desires to ask attention to the fact that the law itself requires that "all examinations shall be thorough and searching," and that "the certificate shall contain a full description of the claimant at the time, which shall include all the physical and rational signs, and a statement of all structural changes."

It is not the province of the surgeons to adjudicate the claims of applicants, nor is it their opinion simply that is desired. The law requires, as above quoted, that the certificate shall contain a full description, which shall include all the physical and rational signs, and a statement of all structural changes. A certificate, then, which contains a statement of the *opinion* reached, and is limited to a description of that which is found does not comply with the law, for it is distinctly provided that the certificate "shall include all the physical and rational signs." What is desired is a full symptom-picture of each case.

It must not be inferred that the office does not desire the opinion of the surgeon, for it does. But it does not desire an opinion alone. It wants such a statement of all the conditions upon which the opinion is based as will warrant and justify the opinion and enable this office to determine that the opinion, whether as to the diagnosis or the degree of disability, is warranted by the facts. The one great fault of the certificates that reach this office from its surgeons is paucity of detail. A large percentage of the surgeons seem to assume that the sole purpose of the examination of

a claimant is to secure their judgment of the case, and that all that is required is that they shall certify their judgment to this office.

The examinations cannot be "thorough and searching" unless they be deliberate, and therefore no circumstances should be permitted to hurry the work.

The Commissioner expresses the hope that every surgeon and Board will endeavor to conduct the examinations with the purpose of securing the whole truth in every case, and to so certify them to the office that it shall have the basis for intelligent and just action.

BOARDS OF EXAMINING SURGEONS.

The act of Congress which provided for the organization of Boards limits the membership to three. They are located at such points as the interests of the service and the convenience of pensioners and claimants demand, density of population, topographical relations, and facility of communication being considered.

A Board will always examine as such. The members cannot act separately without the express direction of this office. Each Board will convene at its place of meeting on the morning of the first Wednesday of each month, and remain in session until all claimants present shall have been examined.

Boards will meet only on the first Wednesday in each month unless otherwise directed.

The signature of each member of a Board will be required to *each* certificate, and when for any reason a member is absent from a session the secretary should always note that fact upon the back of *each* certificate.

In no case can a member of a Board be paid for an examination which he did not make. Two things are essential to payment of the fee—actual participation in the examination and signature to the certificate.

The fee for each examination and a satisfactory certificate thereof is fixed by law at *two dollars*, and applies equally to members of Boards as to a single surgeon.

ACCOUNTS.

Accounts for examinations must be rendered *in duplicate* upon Form 5, at the close of each quarter, direct to the office, accompanied by the orders. When forwarded they will be examined at the earliest moment, and one approved copy returned to the surgeon or the treasurer of a Board, who will sign the duplicate, Form 6, and inclose the whole to the pension agent designated therein for payment.

No account for an examination can be approved unless the order upon which the examination was made accompany it. The names of claimants examined must be arranged alphabetically. Each account will embrace

all those examined during the quarter for which it is made *and none others*. The character of the examination (whether original, increase, &c.) must be indicated in each case by adding the proper word (original, increase, &c.) in the right-hand column, and in every case the regiment and company in which the claimant served should be stated, and the number of the claim given.

Accounts for *special* examination will be made upon Form 9, in the same manner as other accounts, but as the law provides for the payment of the "actual traveling expenses" of the surgeon in addition to the fee, receipts for the expenditures should, when practicable, be forwarded with the accounts.

All accounts should be forwarded at the close of each fiscal quarter, viz., on the last day of SEPTEMBER, DECEMBER, MARCH, and JUNE of each year, and must be mailed in a separate envelope and marked "Accounts." With the accounts, and in the same envelope, should be sent the orders of the Commissioner of Pensions for the examination; *as without these orders the accounts cannot be audited or payment directed*; they are the only vouchers needed for the accounts. Should, however, a certificate be found insufficient or unsatisfactory, it will be returned to the surgeon, and the fee for the examination will not be allowed until a satisfactory certificate is furnished.

BLANKS.

The following is a list of blanks furnished for the use of examining surgeons:

Pamphlets of instruction.

(1.) Certificate of original or primary examination of an APPLICANT for a pension.

(2.) For increase of pension under all acts of Congress.

(3.) Restoration or renewal.

(4.) Alphabetical list or account for examination of claimants, for use of a single surgeon, on a quarter sheet.

(5.) Same as preceding for use of Boards, on a half sheet.

(6.) Duplicate receipts to accompany five accounts for use of single surgeons.

(6.) Same as preceding, for use of Boards.

(11.) Record of examinations.

(12.) Requisitions for blanks, &c.

Envelopes addressed to the Commissioner of Pensions.

Blank certificate No. 4, for reporting the examination of an invalid dependent, and blank form No. 9, for presenting account for special examinations are not issued upon requisition, but with the order for examination in each case only.

Requisitions for blanks should always clearly show what is desired and should always be mailed in a separate envelope, never with other matter.

That delay and confusion may be avoided, attention is asked to the following details, the observance of which is imperative:

1. *All certificates must be promptly forwarded.*
2. They must be forwarded in the "penalty" envelopes furnished to surgeons. The use of the ordinary commercial postage stamps will entail the loss of their value upon the surgeon who shall use them.
3. When two or more causes of disability are alleged, as set forth in the surgeon's order of examination, *each* must be described and separately rated.

This rule is imperative for the reason that the claimant may not be able to show that all were incurred in service and line of duty, and therefore is pensionable only for that one (or more) which he can sustain by legal evidence.

When a disability is found which is not named in the order, but which the applicant claims was incurred in service, the surgeon should describe it very carefully, and separately rate the disability caused by it.

4. Inasmuch as to return a certificate to a surgeon for correction of some error, or for completion, involves a loss of time, imposes additional clerical labor, and in some cases delays the adjustment of the claim of the applicant, the greatest pains should be taken to see that all certificates are complete and correct before they are mailed. The following are errors usually fallen into:

Number of claim not given.

Certificates not signed or dated.

Disabilities not rated separately.

Disabilities not rated at all.

Description of wound or disease insufficient for purposes of evidence.

The blanks not filled and indorsed.

Certificates should be signed at the place indicated in the blank, then folded in four equal folds and the blank spaces on the back of each filled as indicated.

As certificates become a part of the public records, the importance of using good durable *black* ink in their construction is obvious.

In no case should a certificate be withheld that the surgeon shall have opportunity to make inquiry touching the claimant, his condition, disability, &c. The condition of a claimant at the time of the examination, as the examination shall determine it, should always be certified. Nothing learned by inquiry of neighbors or "family" physicians should be included.

5. Personal explanations or particular reports and opinions should never

be inclosed with other matter, but mailed in an envelope marked "Special."

6. When a surgeon is appointed he is supplied with such a quantity of all blanks as it is believed will meet all his demands for at least three months, and before this supply is exhausted he will make requisition for such quantity as in his judgment will meet the needs of the ensuing quarter. No surgeon should permit his supply, particularly of blank certificates, to become wholly exhausted.

7. Certificates **MUST** be in the handwriting of the examining surgeon, duly signed, numbered, &c.; and when erasures or interlineations are made, the surgeon must, upon the margin of the certificate, certify that he did it.

8. No examining surgeon can be permitted to delegate his powers or duties to any person. No surgeon can procure the services of a partner in business or a neighboring physician during a temporary absence. Every surgeon is a *sworn* agent of this office, and in no case and under no circumstances can or will a certificate be accepted when it appears to have been constructed by any person excepting a regularly-appointed examining surgeon, or when the surgeon was selected by the Commissioner of Pensions and authorized by him to make the examination.

9. When a surgeon is temporarily disqualified to make examinations he should inform this office, and when disqualified for the construction in his own hand of certificates of examination, the Commissioner, upon application, with a statement of the facts, will permit the *temporary* employment of an amanuensis. It should be understood that no examination is legal unless made by a surgeon appointed or *selected* by the Commissioner, and no certificate accepted unless the examination has been ordered by him.

10. The spaces in the blank certificates for the statement of the age, height, weight, &c., of the applicant should be filled in every case; and that they shall supply the information intended, the facts should be carefully ascertained. The relation of the weight to the height can be of no possible value unless they be truthfully stated.

11. If the space on the blank certificate is insufficient for the purpose of a "particular description," the surgeon should attach whatever may be necessary for his convenience.

12. An order for examination should set forth precisely the injuries and diseases, or both, for which the applicant claims, and the surgeon should therefore look very carefully to the order, that the examination shall include every alleged cause of disability. It not at all infrequently occurs that a claimant must be subjected to the inconvenience and expense of re-examination, only because the examining surgeon failed to examine for a disability plainly included in the order.

13. When a disability be found which was not named in the order for

examination, but which the applicant claims to have been incurred in service, it should be fully described (the surgeon expressing his opinion as to its relation to or dependency upon the alleged disability) and *separately rated*.

14. In no case is a mere statement of the diagnosis sufficient. The physical and rational signs should always be given, and great care must be taken not to certify the claimant's statements (the purely *subjective* symptoms) as if they were the observations of the surgeon.

15. When *no objective* facts or symptoms can be found in support of the allegation, but the surgeon nevertheless believes that a disability does exist, he should make a rating, but certify that it is based upon the claimant's statement.

16. When two or more causes of disability are alleged, as shown by the order, as, for instance, two or more wounds, or the coexistence of a hernia with varicose veins, or disease of lungs with chronic diarrhea, *each* must be described and (separately) rated. It is suggested that, in such case, the disabilities be taken in the order in which they are named in the order of examination; that the existence and degree of disability be determined for each, and that they be described and rated in the certificate in the same order.

17. When a claim for increased pension be made, it must be (excepting in those rare cases affected by change of law) for one of two reasons: either the claimant believes that there is actually increased disability, or that the existing rating is unjustly low, and therefore the one or the other of these questions is presented to the surgeon in every increase application. The surgeon should, consequently, first ask the applicant upon which of these two grounds he applies, and then confine the examination to the ground claimed, and when increased disability be found, *the facts in which it consists* should be fully set forth in the certificate. If it be claimed that the existing rating is unjustly low, and increase be recommended, the reasons for the increased rating must be made perfectly clear, for the degree of disability in any case is very greatly a "matter of opinion," about which the surgeons may very well differ, and a mere difference of opinion between two or more surgeons is not regarded as good reason for disturbing an existing rating.

18. That a surgeon shall be able to duplicate a certificate lost in transmission to this office in the mails, or mislaid, a blank "record of examinations" is supplied to all the surgeons who make any considerable number of examinations. It is obvious that unless every certificate is recorded, and so recorded as that an *exact duplicate* could be furnished, the whole purpose of a "record" is lost. It is expected, therefore, that the record be properly and scrupulously kept, otherwise it will often prove necessary to subject a claimant to the inconvenience, expense, and

vexation of a second examination. When a "record" is filled, it should be, in good time, forwarded to this office *by mail*, and a requisition for a new one made. The "record" is public property, but it must under no circumstances be so kept as to be open to inspection by persons visiting the surgeon's office.

19. An examining surgeon is an agent for this office, and in no case is permitted to place himself, or permit himself to be placed, in the attitude of an attorney for claimants. He should, therefore, never aid or advise claimants or prepare their papers for presentation to this office. When his opinion or advice is sought, he should refer the applicant to the Commissioner, who will always answer every proper question or give any needed instruction.

20. As an agent for this office, it is the duty of every surgeon to report to the Commissioner any violation of the pension laws, or any attempt at a fraud, that shall come to his knowledge. He must, however, be very careful to accompany such a report with a statement of all the facts, the names of persons, &c., and not to act excepting upon a strong conviction that the report is susceptible of proof.

21. Orders for examination should be carefully filed and promptly returned to this office at the expiration of the time named in each, unless the claimant shall have appeared for examination, with the indorsement, "Failed to appear," &c. The observance of this is **INSISTED UPON**, as its observance will save to the surgeon and this office a great deal of uncertainty, vexation, and clerical labor.

22. When a disability is claimed as a sequel of some other disability (as disease of lungs to chronic diarrhea, or paralysis to a sunstroke) the surgeon should exercise extreme care to determine that the claim is a just one, and should certify the *date of origin* of the sequel as given by the claimant.

23. Certificates of examination should be prepared and forwarded *immediately* after the examination. Many claimants have suffered gross injustice because of the neglect of this rule; for, to examine an applicant and withhold the certificate indefinitely, is, in every instance, to subject him to anxiety, and in many cases to re-examination. Further than that, to delay the preparation of the certificate is to depreciate its value. The facts in the case escape the recollection of the surgeon, and though he may in the end prepare and forward a certificate, the chance that it fairly represents the condition of the claimant decreases in proportion to the delay. Failure to promptly construct and forward certificates is, therefore, a just reason for the dismissal of the offending surgeon, and the Commissioner will, in every case, enforce the rule.

24. A certificate, whether an original or a duplicate, furnished at the

request of the office, should always bear the date of the actual examination, and not the date of its construction.

25. The basis of the first grade is a disability which requires the "regular presence, aid, and attendance of another person;" that of the second grade disability for "the performance of any manual labor;" and that of the third grade a disability which is "equivalent to the loss of a hand or foot," and when either of the grades is recommended the fact that the claimant is disabled in the degree required to entitle to the rating, should be *stated*, and not left as a matter to be inferred from the description and rating.

26. It being important that certificates be permanently legible, none but good durable *black* ink should be used in their construction.

27. Change of residence vacates a surgeon's appointment. When a surgeon proposes to leave home for any considerable time, he should not neglect to inform this office, that claimants shall not be ordered, only to incur disappointment.

28. When change of residence is made so hurriedly that this office cannot be notified, all books, blanks, &c., should be placed in the hands of the postmaster of the place for safe-keeping, and in every case they should be so inclosed as that access to the "record" of examinations cannot be had.

29. No matter of any kind should be sent to the Commissioner by "Express." The mails are the only proper channel of communication. When it is desired to forward a filled "Record" or other package (of less than 4 pounds weight), all that is necessary is to attach a penalty envelope directed to the Commissioner of Pensions.

30. Great care should be taken to see that every certificate is clerically correct; that all the spaces upon the back, as well as the face, are properly and correctly filled before it is mailed.

31. Attention is invited to the outlines of the human skeleton and figure upon the back of the blank certificates. It is obvious that they may be made very useful in indicating the precise points of the entrance and exit of a missile, &c., and it is hoped that, whenever their use would aid to a clearer understanding of the particular description, they will not be overlooked. When the temperature of a claimant would aid in diagnosis, &c., it should be ascertained and certified.

32. Certificates of examination for increase should, if possible, include a comparison between the existing disability and that on account of which pension was originally granted. The reason for recommending should preface the recommendation; the reason for not recommending, the denial.

33. A claimant's statement, unsupported, of increased pain is not a ground for increase. In cases where the surgeon regards the original rating as unjustly low, although no increase of disability may have

occurred, it is proper for him to recommend the correct rating, giving his reasons therefor.

34. Always forward a certificate of examination whether a disability is found to exist or not.

35. Every order for examination should be closely inspected and compared with the order presented by the claimant for the purpose of verifying the name and the disability, and to see that an examination is not made upon an order addressed to some other surgeon or Board.

36. The direction to return all orders at the expiration of the three months named in each, if the claimant have failed to present himself, is imperative. Failure to comply with the rule entails doubt, delay, and vexation.

37. When an order is accompanied by a slip of special instructions the slip should always be returned to the office with the certificate of examination.

38. No surgeon or member of a Board should sign a certificate in blank. To the contrary no certificate should be signed until ready for transmission to the office. Otherwise the surgeon or member of a Board commits himself to whatever shall be written as the "particular description." No member of a Board should append his name to a certificate until he shall have read the "description" prepared by the secretary.

39. Any member of a Board who shall dissent from the opinion of a majority either as to diagnosis or the degree of disability, is at liberty to make a minority certificate, and should, of course, fully set forth the grounds upon which his difference of opinion rests.

40. A surgeon or a Board may state the opinion to a claimant that he is or is not disabled as he claims, but under no circumstances should the rating recommended be stated to any person.

41. As it is obvious that access to the "Record" of examinations might prove a source of serious mischief, the propriety of keeping it free from inspection, excepting only by authorized persons, is manifest.

42. The fee for an "examination and a satisfactory certificate thereof" is fixed by act of Congress, and is not at the discretion of the Commissioner. The fact that a fee is fixed, and its payment provided for, establishes the theory that claimants for pensions are not to be subjected to expense for examination, and therefore no surgeon is permitted under any circumstances or pretext to accept any fee, or part fee, from a claimant. Any violation of this rule will subject the offending surgeon to prompt dismissal.

43. Orders for examination are issued in duplicate—a copy to the claimant and one to the surgeon. If that to the surgeon be lost in transmission, and the claimant present himself with his order, the examination should be made and the surgeon should write the office, asking that a duplicate be

issued to him, and in doing so he should not fail to give the number of the case, as well as the name of the claimant and his service.

If a claimant present himself without an order, and the surgeon or board has an order for his examination, the examination should be made.

44. No surgeon should, under any pretext, correspond with an attorney about the cases of those whom he has examined, or furnish any information touching them.

45. The law not providing for disabilities "equivalent" to the loss of a leg at or above the knee, or of an arm at or above the elbow, no such rating should be made.

46. In certifying the loss of the phalanges of the fingers or toes, the words "proximal" and "distal" should be used instead of *first* and *last*, as the use of the latter often leads to confusion.

47. All marginal and other notes on all blanks should be carefully read and the contained directions scrupulously followed.

48. When a certificate shall fail to furnish information upon which the claim may be intelligently and safely adjudicated, it will be returned to the surgeon for amendment in the defective points, and if it may not be corrected without the re-examination of the claimant, the examination will not be paid for.

49. Every effort should be made to correct a returned certificate precisely as indicated, whether the surgeon himself shall understand why the requirement is made or not.

It may often occur that a certificate shall be vitally defective for a reason which the office alone can understand.

50. The importance of examining a claimant for every disability for which he claims, as indicated in the order, and of including all in the description in constructing the certificate so as not to compel the claimant to the expense, inconvenience, and vexation of re-examination is so obvious as only to need mention.

51. As in all claims for impaired vision the use of various standards in determining the degree of impairment must result in confusion and misapprehension, it is directed that in determining and in certifying the degree of impairment of vision Snellen's test types, and only those, shall be used.

52. No surgeon should go to the residence of a claimant to examine him *except in great emergency*, without the express order of the Commissioner to do so, and no surgeon doing so should accept a fee in any amount upon the assumption that the service thus rendered is *professional* and that therefore he is entitled to pay. Service so rendered is purely *official* and when necessity shall require that a claimant be examined at his home the Commissioner will, upon being informed, issue an order directing the surgeon nearest to the claimant to make the examination, and will author-

ize the payment of any actual traveling expense incurred, as *the law* provides. The terms of paragraph 42 are absolute and imperative.

It is believed that this pamphlet contains everything essential to guide the surgeons to intelligent and satisfactory performance of their duty. When, therefore, doubt shall arise, it should be thoroughly searched to see if it do not contain the desired information before writing to the office.

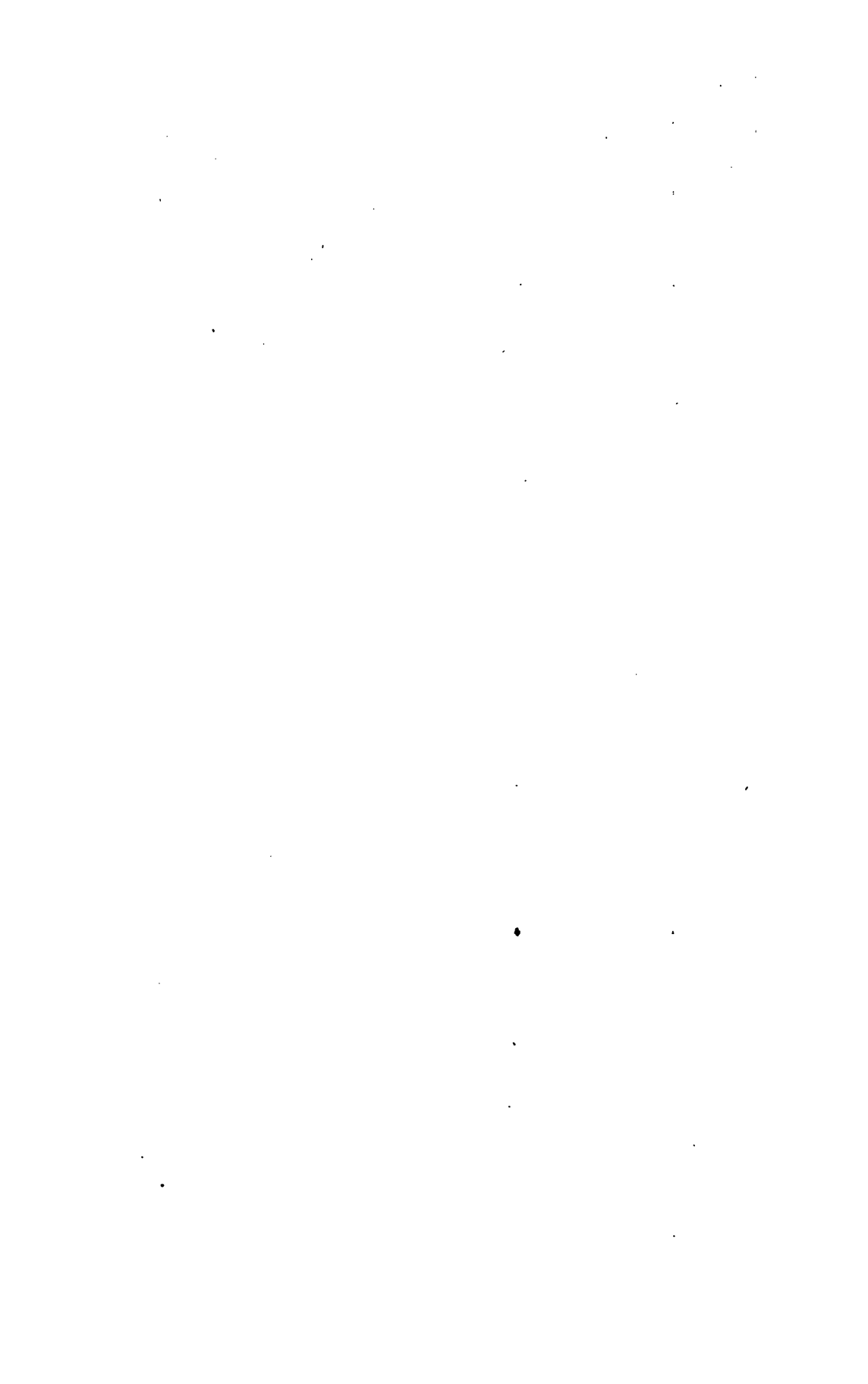
The observance of this suggestion will save to the surgeons and the office a large amount of correspondence, for it is a daily occurrence that the office receives letters of inquiry in regard to questions concerning which the "Instructions" are perfectly plain.

If any surgeon shall expect to be able to construct such certificates as the office can accept without frequent recurrence to the directions herein contained, he will fail. The method of rating disabilities is very complicated, and nothing but careful *study* of the rules laid down could enable any one to understand and apply them. To undertake the duties imposed without a thorough comprehension of the "Instructions" will be to risk the grossest injustice to claimants upon the one hand and the Government upon the other. The Commissioner therefore expresses the hope that no surgeon will assume the risk of becoming the instrument of such injustice, but that every one will first try to understand what it is that is necessary to the satisfactory performance of his duties, and then to acquit himself by a most earnest and painstaking endeavor to comply with all requirements.

Wm. Dudley
Commissioner.

T. B. Hood, M. D.,
Medical Referee.









Review pg 8

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